

State of Hawaii
Department of Health
Health Resources
Emergency Medical Services & Injury Prevention System
Branch

Request for Proposals

HTH 730-1 EMERGENCY MEDICAL SERVICES FOR MAUI COUNTY

October 12, 2004

October 12, 2004

REQUEST FOR PROPOSALS

COMPREHENSIVE EMERGENCY MEDICAL SERVICES FOR MAUI COUNTY

RFP No. HTH 730-1

The Hawaii State Department of Health (SDOH) Emergency Medical Services & Injury Prevention System Branch (EMSIPSB), is requesting proposals from qualified applicants to provide comprehensive emergency medical services (EMS) for the residents and visitors of Maui County. The contract will be from July 1, 2005 through June 30, 2009 [with one (1) twenty-four month option that would allow the contract to extend to June 30, 2011.]

Proposals must be postmarked by United States Postal Service (USPS) mail before midnight on January 7, 2005 or hand delivered by 4:30 p.m., Hawaii Standard Time (HST) at the drop off sites designated on the following page.

Proposals postmarked by USPS mail after midnight on January 7, 2005 or hand delivered after 4:30 p.m. HST on January 7, 2005 will not be considered and will be returned to the applicant. There are no exceptions to this requirement.

The deadline for submission of written questions is 4:30 p.m. HST on November 19, 2004. All written questions will receive a written response from the State on or about November 30, 2004.

Inquires regarding this RFP should be directed to the RFP Contact Person:

Clay Chan, Program Specialist
Hawaii State Department of Health
Emergency Medical Services & Injury Prevention System Branch
3627 Kilauea Avenue #102
Honolulu, Hawaii 96816
Telephone: 808-733-8328
Fax: 808-733-8332
Email: cmchan@camhmis.health.state.hi.us

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

| |
|--------------------------------------------------------------|
| NUMBER OF COPIES TO BE SUBMITTED: Four (4) Hardcopies |
|--------------------------------------------------------------|

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)
NO LATER THAN
January 7, 2005**

All Mail-ins

Department of Health
Administrative Services Office
P.O. Box 3378
Honolulu, Hawaii 96801-3378

DOH RFP COORDINATOR

Valerie Ako
For further info. or inquiries
Phone: 586-4550
Fax: 586-4649

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 4:30 P.M., Hawaii
Standard Time (HST) January 7, 2005.**

Drop-off Site

Department of Health
Administrative Services Office Room #310
Kinau Hale
1250 Punchbowl Street
Honolulu, Hawaii

BE ADVISED: All mail-ins postmarked by USPS after **January 7, 2005**, will be rejected.
Hand deliveries will **not** be accepted after **4:30 p.m., HST, January 7, 2005**.
Deliveries by private mail services such as FEDEX shall be considered hand
deliveries and will not be accepted if received after **4:30 p.m., HST, January 7,
2005**.

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Emergency Medical Services & Injury Prevention System BranchDepartment of **Health, State of Hawaii****3627 Kilauea Avenue, #102****Honolulu, Hawaii 96816**Phone (808) **733-9210** Fax: (808) **733-8332****IV. Procurement Timetable**

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

| Activity | Scheduled Date |
|----------------------------------------------------------------------------|--------------------------------------------|
| Public notice announcing RFP | October 12, 2004 |
| Distribution of RFP | October 12, 2004 – January 7, 2005 |
| RFP orientation session | November 16, 2004 |
| Closing date for submission of written questions for written responses | November 19, 2005 |
| State purchasing agency's response to applicants' written questions | November 30, 2005 |
| Discussions with applicant prior to proposal submittal deadline (optional) | Mid November 2004 – Late December 2004 |
| Proposal submittal deadline | January 7, 2005 |
| Discussions with applicant after proposal submittal deadline (optional) | Late January 2005 – Early February 2005 |
| Final revised proposals (optional) | Early January 2005 |
| Proposal evaluation period | Mid January 2005– Early February 2005 |
| Provider selection | Mid February 2005 |
| Notice of statement of findings and decision | Mid February 2005 |
| Contract start date | July 1, 2005 |

V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: November 16, 2004 **Time:** 9:00 a.m. to 12:00p.m.

Location: Maui District Health Office, 3rd Floor
Wailuku State Office Building, 54 High Street

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: November 19, 2004 **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:

Date: November 30, 2004

VII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.

3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

- D. Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal postmarked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

Proposals that are faxed or submitted through any type of data storage media (i.e. diskette, CD, DVD, ZIP disk, thumb drive), email, website or other electronic means will be considered non-compliant not be accepted.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm

- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

IX. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVI. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XVIII. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP). Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

| Head of State Purchasing Agency | Procurement Officer |
|-----------------------------------------------------------|-----------------------------------------------------------|
| Name: Chiyome Leinaala Fukino, M.D. | Name: Ann Kinningham |
| Title: Director, Department of Health | Title: Chief, Administrative Services Office |
| Mailing Address: P.O. Box 3378 Honolulu, HI 96801-3378 | Mailing Address: P.O. Box 3378 Honolulu, HI 96801-3378 |
| Business Address: 1250 Punchbowl Street | Business Address: 1250 Punchbowl Street |

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

The rotorwing aeromedical component is also dependent upon the annual release of Maui County matching funds to the state purchasing agency for shared cost of the administrative and operational service costs.

XX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview

The State of Hawaii Department of Health (DOH) through its Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) is seeking applications for the purpose of providing Advanced Life Support (ALS) emergency ground and rotorwing aeromedical ambulance services to Maui County in accordance with the provisions of the Hawaii Administrative Rules, Title 11, Chapter 72, "State Comprehensive Emergency Medical Services System" (HAR Chapter 11-72), attached herein; and Section 321-222, Hawaii Revised Statutes (HRS), as they pertain in whole or in part to emergency ground ambulance and rotorwing aeromedical services.

Purpose or need

The DOH is seeking the highest quality, most reliable ALS Ambulance Services at the most reasonable price. The successful applicant will offer services equal or better than the quality currently enjoyed by County of Maui. Proposals not meeting this intent will be considered unresponsive

B. Description of the goals of the service

The CONTRACTOR shall be exclusively responsible for providing all emergency ground ambulance services and emergency rotorwing aeromedical services throughout Maui County. Proposals based upon other service assumptions shall be automatically disqualified.

In this procurement, both the DOH and the CONTRACTOR desire clinical excellence, superb response time performance, cost containment, professional and courteous image, respectful behavior, ethical management, and the success of the CONTRACTOR. Under this Contract, the relationship between the DOH and the CONTRACTOR should always be one of cooperation and not conflict.

The services shall include, but not limited to, the management and operation of all emergency ground ambulance and emergency rotorwing aeromedical services, to include medical supply purchasing and distribution, management and operation of all fleet and aircraft maintenance, and public education.

The successful ambulance CONTRACTOR shall be responsible for supplying ground vehicles and rotorwing aircraft(s), certain equipment and supplies, and

the installation cost and coordination of the DOH Medical Communication (MEDICOM) mobile radio equipment.

The STATE mandates that there will be no changes to the current high quality of any aspect of the services currently required to be performed under the existing agreement or a reduction in any current performance standards unless noted in the model agreement, attached hereto.

C. Description of the target population to be served

Maui County Emergency Medical Services System is comprised of three islands with a 2003 de-facto population of 165,168 for Maui, 8,266 for Molokai, and 4,299 for Lanai. The communities are primarily rural with Wailuku serving as the County's business district and county government center. By the year 2005 it is estimated that the population, permanent and seasonal residents, will be approximately 181,850. There are approximately 2.2 million visitors to Maui County each year.

The median age is 36.8 and the population is comprised of over 17,357 (or 12,8%) people aged 65 and older in 2003.

There is a hospital on each of the three islands and a clinic on Maui that are designated by the EMSIPSB as receiving medical facilities for emergency patients. Patients requiring definitive tertiary care are transferred via aeromedical transport services to Oahu for specialized medical care.

Call Volume

| | 2000 | | 2001 | |
|----------------|--------------------|--------------------|--------------------|--------------------|
| | Total Calls | Transported | Total Calls | Transported |
| Maui | 10,160 | 5,688 | 10,132 | 5,487 |
| Molokai | 613 | 494 | 611 | 492 |
| Lanai | 228 | 173 | 222 | 151 |
| TOTAL | 21,161 | 12,043 | 21,097 | 11,617 |

| | 2002 | | 2003 | |
|----------------|--------------------|--------------------|--------------------|--------------------|
| | Total Calls | Transported | Total Calls | Transported |
| Maui | 10,598 | 5,953 | 11,006 | 6,302 |
| Molokai | 6701 | 560 | 722 | 575 |
| Lanai | 239 | 186 | 236 | 198 |
| TOTAL | 22,136 | 12,652 | 22,970 | 13,377 |

D. Geographic coverage of service

The applicant shall provide the described services to Maui County that consists of the combined islands of Maui, Molokai and Lanai. See attached for ambulance district boundaries and primary hospitals.

E. Probable funding amounts, source, and period of availability

The source of funding is state funds. Both profit and non-profit organizations are eligible for state funds. Please note that based on the availability of state funds, the amount allocated to the provider who is awarded this contract may change.

If an applicant materially fails to comply with terms and conditions of the contract, the DOH may, as appropriate under the circumstances:

1. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by a provider.
2. Disallow all or part of the cost.
3. Suspend or terminate the contract.

The budgeted contract amount to provide emergency ambulance service twenty-four (24) hours per day, seven (7) days per week on the islands of Maui, Molokai and Lanai for the period July 1, 2005 to June 30, 2006 is NINE MILLION NINETEEN THOUSAND SIX HUNDRED NINETY DOLLARS AND 00/100 (\$9,019,690.00) of state funds with the Maui County share of SIX HUNDRED ELEVEN THOUSAND FIVE HUNDRED AND 00/100 (\$611,000.00) included as their share for the rotorwing aeromedical unit.

Annual contract budget cost increases will be adjusted based on United Public Worker's Unit 10 collective bargaining increase plus Hawaii cost of living index subject to availability of state funds.

II. General Requirements**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

1. The selected applicant will be required to obtain:
 - a) Certificate of Need from the Hawaii State Department of Health – State Health Planning and Development Agency.
 - b) State of Hawaii – Ambulance Service Provider License

c) State of Hawaii – Business License issued by the Department of Commerce and Consumer Affairs

2. Applicants shall have in place an administrative structure capable of supporting the services required by the RFP. Specifically there shall be financial, accounting and management information systems, and an organizational structure to support the activities of the applicant.
3. The applicant shall have a written plan for disaster preparedness and response.
4. The applicant shall cooperate with the DOH in approved research, training and service projects provided that such projects don substantially interfere with the applicant's service requirements as outlined in this RFP.
5. The applicant shall comply with all specified, applicable existing policies, and procedures of the DOH and any applicable policy developed in the future.
6. The applicant shall submit monthly quality assurance reports and operational expenditure reports including other fiscal or operational reports requested by the DOH. These reports shall accompany applicant's invoices supported by monthly actual expenditure reports. Invoices will not be processed for payment without supporting reports and documents.
7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the DOH. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.
8. The applicant shall assign staff to attend provider meetings as scheduled.

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases **will be** allowed.

Planned secondary purchases: **None**

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☒ Single ☐ Multiple ☐ Single & Multiple

Criteria for multiple awards:

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☐ Single term (\leq 2 yrs) ☒ Multi-term ($>$ 2 yrs.)
Contract terms:

The contract term to be awarded would be fixed for a four (4) year beginning from 12:00 a.m. July 1, 2005 and ending at 11:59 p.m. June 30, 2009.

Within the last year of the initial term of the contract, the EMSIPSB staff shall conduct a review of the performance of the CONTRACTOR utilizing criteria that the SDOH determines to be relevant.

The contract may be renewed for up to an additional twenty-four (24) month term upon the written agreement of the DOH and the CONTRACTOR. This option shall be exercised only if the CONTRACTOR is successful in meeting all terms and conditions in the agreement and approval is granted by the DOH. Price will be adjusted as provided within the Agreement. Price negotiations are not acceptable as a term of renewal. The maximum length of the contract shall not exceed six (6) years or past June 30, 2011.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Clay Chan, Program Specialist
Hawaii State Department of Health
Emergency Medical Services & Injury Prevention System Branch
3627 Kilauea Avenue #102
Honolulu, Hawaii 96816
Telephone: 808-733-9210
Fax: 808-733-8332
Email: cmchan@camhmis.health.state.hi.us

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The most important aspect of this procurement is the fact that this procurement will result in the award of a performance contract. This procurement requires the highest levels of performance and reliability, and the mere demonstration of effort, even diligent and well-intentioned effort, shall not substitute for performance results. A CONTRACTOR who fails to perform must and shall be promptly replaced.

- (1) Ground ambulance and rotorwing aeromedical response times must meet or exceed the response time requirements set forth in the Ambulance Services Agreement attached hereto.
- (2) All ground ambulance units must at all times be equipped and staffed to operate at the ALS level, on all 911 emergency calls.
- (3) Clinical performance must be consistent with approved STATE Standing Orders attached hereto.
- (4) The conduct of personnel must be professional and courteous at all times.
- (5) There must be an unrelenting effort to detect and correct performance deficiencies and to continuously upgrade the performance and reliability of the entire EMS system.
- (6) Clinical and response time performance must be extremely reliable, with equipment failure and human error held to an absolute minimum through constant attention to performance, protocol, procedure, performance auditing, and prompt and definitive corrective action.

This is not a level-of-effort contract. In accepting a proposer's offer, the DOH neither accepts nor rejects the proposer's level-of-estimates; rather, the DOH accepts the proposer's promise to employ whatever level of effort is necessary to achieve the clinical, response time, and other performance results required by the terms of the Ambulance Services Agreement.

Districts and Ambulance Services

The CONTRACTOR shall provide on-call ALS emergency ground ambulance and rotorwing aeromedical services twenty-four (24) hours per day, seven (7)

days per weeks on the islands of Maui, Molokai and Lanai within the following districts:

- Unit 29 – MedEvac (rotorwing aeromedical countywide)
- Unit 30 – Wailuku
- Unit 31 – Makawao
- Unit 32 – Kihei
- Unit 33 – Lahaina
- Unit 34 – Hana
- Unit 35 – Napili
- Unit 37 – Kula
- Unit 38 – Wailea
- Unit 39 – Molokai
- Unit 40 – Lanai

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

Ambulance Personnel

The on duty ambulance crew at each station shall consist of at least one (1) Mobile Intensive Care Technician “MICT” certified to perform Advance Life Support “ALS” services and at least one (1) Emergency Medical Technician “EMT” certified to perform Basic Life Support “BLS” services.

The CONTRACTOR’s ambulance personnel must be certified in the State of Hawaii according to Chapter 16-85, subchapter 7, Certification of Emergency Medical Service Personnel and Section 453-32, HRS.

The CONTRACTOR shall require its MICTs to participate in not less than twelve (12) hours of training per year, as specified by the EMSIPSB or the EMSIPSB District Medical Director.

Operation’s Manager

The CONTRACTOR shall provide a county EMS manager who shall direct all operations specified and who shall be responsible for directing and supervising ambulance service operations and employees’ field performance, all information gathering and other liaison work required under this Agreement.

Medical Director

In accordance with Chapter 11-72, the CONTRACTOR shall provide a physician who shall perform medical quality oversight of the emergency

ambulance services. The physician shall be licensed to practice medicine in the State of Hawaii in accordance with the STATE's Hawaii Administrative Rules, Title 16, Chapter 85, "Medical Examiners" ("Chapter 16-85") and chapter 453, HRS.

Injury Prevention Coordinator

The CONTRACTOR shall designate an employee with at least three (3) years experience in emergency medical services as the Maui EMS Injury Prevention Coordinator in order to integrate injury prevention activities on the islands of Maui, Molokai and Lanai.

2. Administrative

The CONTRACTOR shall maintain and demonstrate overall compliance with contract terms, maintain current personnel, training, and protocol manuals, and demonstrate consistent, sound administrative practices in accordance with all applicable laws, statutes, regulations, rules, licensing and accreditation requirements, and State and organization policies.

The CONTRACTOR shall maintain policy and procedures to ensure that expenditures are properly supported through documentation and ambulance report forms are complete prior to submission to EMSIPSB.

3. Quality assurance and evaluation specifications

All contracts shall be monitored by DOH in accordance with requirements set forth by Chapter 103F, HRS. Annual contract monitoring may include site visits with comprehensive evaluation of several areas of performance. These include review of conformance with standard contractual requirements, agency files, accounting practices, and patient care reports. In addition, ongoing contract monitoring shall include review of monthly and quarterly reports and periodic assessment of applicant effectiveness.

The medical quality improvement program that measures, maintains, and improves the effectiveness and efficiency of the prehospital medical care, and looks at trends and how to improve emergency medical services to correct the number of individual occurrences that impact patient care or system response requirements.

All quality improvement projects shall be coordinated through the State's Maui District Medical Director (DMD). All quality improvement reports shall require the signature of the DMD prior to submission to the EMSIPS.

4. Performance and outcome measurements

Performance measurements and outcome studies will be conducted throughout the length of the contract period with study specifications to be determined by DOH. Examples of performance and outcome measurements:

- “Chute” times
- Response times
- On-scene times

5. Experience

The applicant shall provide a listing of verifiable experience with contracts for the most recent five (5) years that are pertinent to the service activities detailed in Section 2, Part III, Scope of Work, of this RFP. The following information must be provided for each contract listed.

- Contract number;
- Contract agency;
- Contact person and phone number from the contracting agency; and
- Title of the service or a brief description of the service.

This will document that the contract(s) are pertinent to the service activities detailed in this RFP.

6. Reporting requirements and fiscal data

a. Required ambulance reports:

An ambulance run report, hardcopy or electronic, shall be completed, one (1) for each patient examined, treated, and transported and/or one (1) for each ambulance service request which results in the dispatch of an ambulance unit without a patient contact being established, as required by Chapter 11-72, section 11-72-22.

b. Required fiscal reports:

- 1) The CONTRACTOR shall maintain and demonstrate accuracy and completeness of accounting files and fiscal records in accordance with Generally Accepted Accounting Principals, accuracy and timeliness of fiscal internal operations, and performance in fiscal and other financially related audits. The CONTRACTOR must submit to EMSIPSB any corrective action

plan and reports, as requested by EMSIPSB, on all audit and fiscal monitoring findings.

- 2) The CONTRACTOR shall submit original monthly invoices on the CONTRACTOR'S legal/official letterhead, and indicate the contract number, the service provided, and the date(s) of service included in the invoice. Monthly invoices shall be accompanied by expenditure reports for the period and certified by the CONTRACTOR to contain expenditures actually incurred for the services provided, in accordance to the budget and expenditure report format, under the agreement. Original invoices must be submitted within thirty (30) calendar days after the last day of each calendar month. The CONTRACTOR shall provide documentation of actual expenses, as required by the State DOH. The DOH will provide the report of expenditures format to the CONTRACTOR.

c. Penalties for late reporting:

Unless otherwise specified in the contract, quarterly reports are due thirty (30) calendar days after the end of the quarter. Monthly reports are due fourteen (14) calendar days after the end of each month. Payment will be withheld until the required reports are submitted. Payments may be reduced by 15% when reports are not submitted within sixty (60) days after the end of the quarter or month. If quarterly or monthly reports are not submitted within ninety (90) calendar days of the end of the quarter or month, the applicant will lapse the funding for the quarter or month for which no report have been received. The applicant will still be required to maintain the capacity to provide the contracted level of services in spite of the reduced funding.

7. Pricing structure or pricing methodology to be used

Pricing structure will be based on a Cost Reimbursement method: The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the applicant for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

IV. Facilities, Vehicles, Aircraft, Equipment and Supplies

The applicant shall provide facilities, utilities, vehicles, aircraft, equipment and supplies, repairs and maintenance, fuel and other related advanced and basic life support supplies and equipment of quantity and type necessary to ensure the availability of uninterrupted emergency ambulance service.

- A. Ambulance Station Facilities. Each ambulance crew, vehicle, and supplies shall be housed in a facility with direct access and egress to major roadways and located within each designated ambulance district so as to optimize and maintain the established district standards for response to medical emergencies.
- B. Vehicles. The applicant shall provide at a minimum, fifteen (15) land surface motor vehicles (ambulances) of the type specified and in compliance with Chapter 11-72, section 11-72-45. All vehicles must be approved by EMSIPSB before being placed in service.
- C. Aircraft. The applicant shall provide a minimum, one (1) twin-engine rotorwing aeromedical (helicopter), which is housed and maintained at the Kahului Airport. The aircraft type shall be in compliance with all laws and ordinances that govern rotorwing aeromedical aircrafts.
- D. Equipment and Supplies. The applicant at its own expense, shall obtain and maintain a sufficient quantity of BLS and ALS services equipment and supplies, in compliance with Chapter 11-72, on each ambulance. The applicant shall also equip each primary ambulance with the following equipment and supplies:
- Transport ventilator,
 - Portable blood pressure pulse / vital signs monitor,
 - Battery-operated cardiac monitor defibrillator with external cardiac pacemaker,
 - Pulse oximeter, and
 - End tidal CO2 detector (electronic or disposable).

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. Include a brief description of the applicant's organization, the goals and objectives related to the service, and how the proposed service is designed to meet the requirements identified in the service specifications.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall also provide a listing of verifiable experience with contracts for the most recent five years that are pertinent to the proposed services. The DOH reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe plans for quality assurance and evaluation for the proposed services, including methodology.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern for the viability of the services. Every reasonable effort to recruit and retain existing emergency medical personnel shall be made.

2. Personnel Qualifications

The applicant shall provide the minimum qualifications for field and management personnel.

B. Project Organization**1. Supervision and Training**

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Charts shall be attached to the Proposal Application.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work.

V. Financial**A. Pricing Structure**

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget form(s) shall be submitted with the Proposal Application:

B. Other Financial Related Materials**1. Accounting System**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the applicant's most recent financial audit with an attached management letter is requested as part of the POS Proposal Application.

The applicant must describe its fiscal operating procedures for accurate tracking of the cost of related services provided.

The applicant must provide a flow chart depicting the agency's accounting cycle and an organizational chart of accounting staff.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

| | |
|-----------------------------------|-----------|
| Program Overview | 0 points |
| Experience and Capability | 30 points |
| Project Organization and Staffing | 20 points |
| Service Delivery | 25 points |
| Financial | 25 points |

100 Points

TOTAL POSSIBLE POINTS

100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Tax Clearance Certificate
- Licenses (as applicable)

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. *Experience and Capability (30 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall:

- Describe the history and background of the applicant's agency and staff, illustrating service experience is similar sized communities. [4 points]
- Describe the applicant's goals and objectives showing a commitment to serving and supporting the community and describes the service in a clear and concise manner. [4 points]
- Demonstrate a thorough understanding of the goals of the DOH through a specific description of how the applicant

and the services proposed will reach the goals set forth by the DOH. [4 points]

- Demonstrate the applicant's knowledge, skills, and abilities related to the delivery of the proposed services. [5 points]
- Demonstrate the sufficiency of the applicant's quality assurance improvement programs and methodology. [4 points]
- Demonstrate the applicant's knowledge and ability to coordinate with other county and state agencies in the event of a disaster. [4 points]
- Demonstrate adequacy and viability of facilities required to house staff, vehicles, equipment and supplies in order to meet the service requirements. [5 points]

2. *Project Organization and Staffing (20 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- Sufficiency of staff workforce and proposed work schedule. [4 points]
- Demonstration of minimum qualifications (including experience) of staff. [3 points]
- Demonstration of a plan to assure staff's continuing medical education and maintenance of professional licensure. [3 points]
- Demonstration of orientation and training plan to provide operational and administrative direction to staff relative to the delivery of the services identified in Section 2. [3 points]
- Demonstration of supervision and management structure plan to provide operational and administrative direction to staff relative to the delivery of the services identified in Section 2. [4 points]
- A clear description of the applicant's organizational structure to support the overall service. [3 points]

3. *Service Delivery (25 Points)*

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

- A clear description of proposed services appropriately aligned with the objectives and goals as indicated within the Scope of Work. [5 points]
- A comprehensive description of how the proposed services and plans meet the needs of the community. [5 points]
- Demonstration of the applicant's operational policies and procedures. [5 points]
- Demonstration of the applicant's proposal that addresses and resolves patient care quality issues to include service performance indicators. [10 points]

4. *Financial (25 Points)*

Pricing structure based on cost reimbursement

The State will evaluate the applicant's cost proposal and description of the applicant's overall fiscal operations that will include:

- Degree of competitiveness and reasonableness of cost proposal / budget. [5 points]
- Degree to which the cost proposal / budget demonstrates support of the scope of services and RFP requirements. [5 points]
- Personnel costs are reasonable and comparable to positions in the community; non- personnel costs are reasonable and adequately justified; and administrative / indirect costs are reasonable and adequately justified. [5 points]
- Degree to which accounting system and infrastructure demonstrates applicant's ability to accurately tract cost. [5 points]
- Demonstration of applicant's financial solvency; submission of financial audit and management letter. [5 points]

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Administrative Rules Title 11, Chapter 72
- D. Maui Geographic Coverage of Service
- E. Maui Scope of Work
- F. 2004 State of Hawaii Standing Orders

Proposal Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

| Item | Reference in RFP | Format/Instructions Provided | Required by Purchasing Agency | Completed by Applicant |
|------------------------------------------------------|------------------|---------------------------------------------------------------|-------------------------------------|------------------------|
| General: | | | | |
| Proposal Application Identification Form (SPO-H-200) | Section 1, RFP | SPO Website* | X | |
| Proposal Application Checklist | Section 1, RFP | Attachment A | X | |
| Table of Contents | Section 5, RFP | Section 5, RFP | X | |
| Proposal Application (SPO-H-200A) | Section 3, RFP | SPO Website* | X | |
| Registration Form (SPO-H-100A) | Section 1, RFP | SPO Website* | (Required if not Registered) | |
| Tax Clearance Certificate (Form A-6) | Section 1, RFP | Dept. of Taxation Website (Link on SPO website)* | | |
| Cost Proposal (Budget) | | | | |
| SPO-H-205 | Section 3, RFP | SPO Website* | | |
| SPO-H-205A | Section 3, RFP | SPO Website* Special Instructions is applicable, Section 5 | | |
| SPO-H-205B | Section 3, RFP, | SPO Website* Special Instructions, Section 5 | | |
| SPO-H-206A | Section 3, RFP | SPO Website* | | |
| SPO-H-206B | Section 3, RFP | SPO Website* | | |
| SPO-H-206C | Section 3, RFP | SPO Website* | | |
| SPO-H-206D | Section 3, RFP | SPO Website* | | |
| SPO-H-206E | Section 3, RFP | SPO Website* | | |
| SPO-H-206F | Section 3, RFP | SPO Website* | | |
| SPO-H-206G | Section 3, RFP | SPO Website* | | |
| SPO-H-206H | Section 3, RFP | SPO Website* | | |
| SPO-H-206I | Section 3, RFP | SPO Website* | | |
| SPO-H-206J | Section 3, RFP | SPO Website* | | |
| Certifications: | | | | |
| Federal Certifications | | Section 5, RFP | | |
| Debarment & Suspension | | Section 5, RFP | | |
| Drug Free Workplace | | Section 5, RFP | | |
| Lobbying | | Section 5, RFP | | |
| Program Fraud Civil Remedies Act | | Section 5, RFP | | |
| Environmental Tobacco Smoke | | Section 5, RFP | | |
| Program Specific Requirements: | | | | |
| | | | | |
| | | | | |

 Authorized Signature

 Date

Proposal Application Table of Contents

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Awardee _____

Agreement No. _____

REPORT OF EXPENDITURES

| Reporting Period Covered: _____ | | | | | | |
|------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|-------------|------------|
| EXPENDITURE CATEGORIES | CONTRACT COST | | | | | |
| | BUDGET | ACTUAL | | | BALANCE | % EXPENDED |
| | Total | Prior Periods | Current | Contract | | |
| | Contract | to Date | Reporting | Period to Date | (a) - (d) | (d / a) |
| | (a) | (b) | (c) | (d) | (e) | (f) |
| A. PERSONNEL COST | | | | | | |
| 1. Salaries | | | | 0 | 0 | 0.00 |
| 2. Payroll Taxes & Assessments | | | | 0 | 0 | 0.00 |
| 3. Fringe Benefits | | | | 0 | 0 | 0.00 |
| TOTAL PERSONNEL COST | 0 | 0 | 0 | 0 | 0 | 0.00 |
| B. OTHER CURRENT EXPENSES | | | | | | |
| 1. Airfare, Inter-Island | | | | 0 | 0 | 0.00 |
| 2. Airfare, Out-of-State | | | | 0 | 0 | 0.00 |
| 3. Audit Services | | | | 0 | 0 | 0.00 |
| 4. Contractual Services - Administrative | | | | 0 | 0 | 0.00 |
| 5. Contractual Services - Subcontracts | | | | 0 | 0 | 0.00 |
| 6. Insurance | | | | 0 | 0 | 0.00 |
| 7. Lease / Rental of Equipment | | | | 0 | 0 | 0.00 |
| 8. Lease / Rental of Motor Vehicle | | | | 0 | 0 | 0.00 |
| 9. Lease / Rental of Space | | | | 0 | 0 | 0.00 |
| 10. Mileage | | | | 0 | 0 | 0.00 |
| 11. Postage, Freight & Delivery | | | | 0 | 0 | 0.00 |
| 12. Publication & Printing | | | | 0 | 0 | 0.00 |
| 13. Repair & Maintenance | | | | 0 | 0 | 0.00 |
| 14. Staff Training | | | | 0 | 0 | 0.00 |
| 15. Subsistence / Per Diem | | | | 0 | 0 | 0.00 |
| 16. Supplies | | | | 0 | 0 | 0.00 |
| 17. Telecommunication | | | | 0 | 0 | 0.00 |
| 18. Transportation | | | | 0 | 0 | 0.00 |
| 19. Utilities | | | | 0 | 0 | 0.00 |
| 20. _____ | | | | 0 | 0 | 0.00 |
| 21. _____ | | | | 0 | 0 | 0.00 |
| 22. _____ | | | | 0 | 0 | 0.00 |
| 23. _____ | | | | 0 | 0 | 0.00 |
| TOTAL OTHER CURRENT EXPENSES | 0 | 0 | 0 | 0 | 0 | 0.00 |
| C. EQUIPMENT PURCHASES | | | | 0 | 0 | 0.00 |
| D. MOTOR VEHICLE PURCHASES | | | | 0 | 0 | 0.00 |
| TOTAL EXPENDITURES | 0 | 0 | 0 | 0 | 0 | 0.00 |
| CONTRACT REVENUES RECEIVED | | | | | | |
| For Official Use Only | | DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated. Report Prepared By: | | | | |
| Signature of Program Reviewer _____ | | Date _____ | Name (Please Type or Print) _____ | | Phone _____ | |
| Signature of Fiscal Reviewer _____ | | Date _____ | Signature of Awardee's Authorized Official _____ | | Date _____ | |
| | | Name and Title (Please Type or Print) _____ | | | | |

Reporting Period Covered:

TOTAL PERSONNEL COST - SALARIES/WAGES

DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.

Name (Please Type or Print)

Phone

Signature of Program Reviewer

Date _____

Signature of Fiscal Reviewer

Date _____

Signature of Awardee's Authorized Official

Date _____

Name and Title (Please Type or Print)

Attachment C

Hawaii Administrative Rules, Title 11, Chapter 72

Go to: <http://www.hawaii.gov/health/family-child-health/ems/about/rules/11-72.html>

**Islands of Maui, Molokai and Lanai
Geographical Coverage of Service**

Unit 29

General Area of Coverage: Countywide

- Maui Memorial Medical Center & Interisland transport to Oahu.

Unit 30

General Area of Coverage: All of the Wailuku & Kahului areas.

- Boundaries along Hana Highway will be up to and including Baldwin Beach Park.
- Boundary on Haleakala Highway will be up to and including Keahua Junction.
- Boundary on Pulehu Road will be up to and including the “Y” intersection with Omaopio Road.
- Boundary on Mokulele Highway will be up to and including the area known as the Maui Central Baseyard (former Hardwoods Treatment plant).
- Boundary on Kahekili Highway will be up to and including Kahakuloa Village up to the bridge just west of the village.
- Boundary on Honoapiilani Highway will be up to and including the intersection with Kuihelani Highway. (This includes all of Kuihelani Highway.)
- Maui Memorial Medical Center

Unit 31

General Area of Coverage: Makawao, Haiku, Pukalani & Kula (Upcountry Maui)

- Boundary along Hana Highway will be at Baldwin Beach Park (excluding park) and eastward up to Kaumahina State Park (mile post #11).
- Boundary along Haleakala Highway will be down to Keahua Junction (exclusive). The boundary on Haleakala Highway towards the crater will be the intersection of Haleakala Highway & Kula Highway (exclusive of intersection).
- Boundary along Kula Highway will be up to but exclusive of its intersection with Haleakala Highway.
- Maui Memorial Medical Center

Unit 32

General Area of Coverage: Kihei, Maalaea

- Boundary along Honoapiilani Highway will be westward to the Pali Tunnel (inclusive) and eastward to the intersection with Kuihelani Highway (exclusive).
- Boundary along Mokulele Highway will be up to but exclusive of the Maui Central Baseyard (formerly known as Hardwoods Treatment plant).
- All of Kihei Road & Piilani Highway (until road ends)
- Maui Memorial Medical Center

Unit 33

General Area of Coverage: Lahaina, Kaanapali

- Boundary along Honoapiilani Highway will be westward up to and including the intersection and all of Puukolii Road. Eastward boundary will be the Pali tunnel.
- Maui Memorial Medical Center

Unit 34

General Area of Coverage: Hana, Keanae, Kipahulu, and Kaupo

- Boundary along Hana Highway extends from Hana town to Kaumahina State Park -- Mile post #11
- Boundary to the southwest goes along Piilani Highway up to and including Kaupo Store.
- Hana Community Health Center

Unit 35

General Area of Coverage: Honokawai, Kahana, Napili, and Kapalua

- Boundary along Honoapiilani Highway will be westward up to but excluding the intersection with Puukolii Road. Eastward boundary will be the bridge just outside Kahakuloa Village.
- Maui Memorial Medical Center

Unit 37

General Area of Coverage: Kula, Haleakala Crater, Ulupalakua

- Boundary on Kula Highway will be up to and including the intersection with Haleakala Highway and 'mauka' on Haleakala Highway up to Haleakala summit.
- The lower 'makai' boundary is the "Y" intersection between Omaopio & Puulehu Road although exclusive of the intersection itself. Boundary on Kula Highway in the southeast direction will be at the Kaupo Store. Boundary on Haleakala Crater includes all of Kekaulike Highway and Crater Road up to Haleakala summit. Area is inclusive of Haleakala National Park.
- Maui Memorial Medical Center

Unit 38

General Area of Coverage: Wailea

- Boundary from Alanui Ke Alii westward.
- Maui Memorial Medical Center

Unit 39

General Area of Coverage: Molokai

- Unit 39 covers the entire island of Molokai with the exception of Kalalau County.
- Molokai General Hospital

Unit 40

General Area of Coverage:

- The entire island of Lanai.

- Lanai Community Hospital
-

SCOPE OF WORK

The STATE shall provide medical over-sight of the Maui Emergency Medical Services & Injury Prevention System ("EMSIPS") through approved prehospital medical care standards, guidelines, and standing orders, through the STATE's Maui Emergency Medical Services Medical Director ("EMSMD") and medical direction and assistance for medical care at the scene and during transport through the STATE's medical radio communication system ("MEDICOM") by the emergency physicians at Maui Memorial Medical Center, designated as the Regional MEDICOM Base Station Hospital.

a. Districts and Ambulance Services. The PROVIDER shall provide on-call advanced life support ("ALS") emergency ambulance services twenty-four (24) hours per day, seven (7) days per week on the islands of Maui, Molokai, and Lanai within the following districts:

- Unit 29 - MedEvac
- Unit 30 - Wailuku
- Unit 31 - Makawao
- Unit 32 - Kihei
- Unit 33 - Lahaina
- Unit 34 - Hana
- Unit 35 - Napili
- Unit 37 - Kula
- Unit 38 - Wailea
- Unit 39 - Molokai
- Unit 40 - Lanai

(1) District geographical boundaries are described in "Attachment D," attached hereto.

(2) In addition, an operations plan to designate the PROVIDER shall establish the PROVIDER's ALS first response ambulance unit or the backup ambulance unit, as can reasonably be made available twenty-four (24) hours per day, to assist in maintaining response time requirements or response to disaster situations.

(3) The PROVIDER shall establish an operations plan to respond off-duty EMS personnel or public safety first responders to life-threatening requests or

disaster situations when the PROVIDER's primary units and backup ambulance unit are unavailable.

(4) The PROVIDER shall provide personnel, vehicles, equipment, supplies, repairs and maintenance, fuel and other related advanced and basic life support supplies and equipment of the quantity and type necessary to ensure the availability of uninterrupted emergency ambulance service.

(5) The PROVIDER shall comply with the performance and medical guidelines established by the STATE's Maui EMSMD and the STATE, the Hawaii Administrative Rules, Title 11, Chapter 72, "State Comprehensive Emergency Medical Services System" ("Chapter 11-72"); and section 321-228, Hawaii Revised Statutes ("HRS"), as they pertain in whole or in part to ambulance services.

(6) The Provider shall designate an employee with at least three (3) years experience in emergency medical services at a minimum of eight (8) hours per week as the Maui EMS Injury Prevention Coordinator to integrate injury prevention activities on the islands of Maui, Molokai, and Lanai in collaboration with the Department of Health's EMS Injury Prevention Coordinator.

b. Ambulance Station Facilities. Each ambulance crew, vehicle, and supplies, shall be housed in a facility with direct access and egress to major roadways and located within each designated ambulance district so as to optimize and maintain the established districts standards for response to medical emergencies. The facility shall include provisions for cleaning of equipment in accordance with infection control standards and uniform precautions on handling of body fluids.

(1) The STATE shall provide the facilities with paging equipment that shall be used only for receiving

dispatch and tactical communications for the ambulance services. All communications shall be in complete compliance with all applicable laws and regulations.

(2) Telephones and internet connection shall be provided by the PROVIDER and shall be used primarily for the provision of ambulance services.

c. Personnel Requirements.

(1) In accordance with Chapter 11-72, the PROVIDER shall provide a physician who shall perform medical quality oversight of the emergency ambulance services. The physician shall be licensed to practice medicine in the State of Hawaii in accordance with the STATE's Hawaii Administrative Rules, Title 16, Chapter 85, "Medical Examiners" ("Chapter 16-85") and chapter 453, HRS. This physician shall have at least three (3) years of experience practicing emergency medicine.

(2) The PROVIDER shall provide a county EMS manager who shall direct all operations specified and who shall be responsible for directing and supervising ambulance service operations and employees' field performance, all information gathering and other liaison work required under this Agreement. This manager shall have at least three (3) years of experience in managing an ALS emergency ambulance service of comparable size and scope to the operation specified and shall reside on the Island of Maui.

(3) The on-duty ambulance crew at each station shall consist of at least one (1) Mobile Intensive Care Technician ("MICT") certified to perform ALS services and at least one (1) Emergency Medical Technician ("EMT") certified to perform Basic Life Support ("BLS") services.

The PROVIDER's ambulance crew must be certified in the State of Hawaii according to Chapter 16-85, subchapter 7, Certification of Emergency Medical

Service Personnel and section 453-32, HRS.

(4) The PROVIDER shall require its MICTs to participate in not less than twelve (12) hours of training per year, as specified by the STATE or the STATE's Maui EMSMD. The purpose of this required training shall be to introduce new STATE-approved standing orders, policies, procedures, and treatment modalities; to apprise MICTs about findings of the STATE's quality assurance program; and to review other pertinent subject matter as determined by the STATE's Maui EMSMD.

(a) The PROVIDER shall maintain training records for each MICT to verify the required continuing education requirement for re-certification pursuant to Chapter 16-85, subchapter 7 and section 453-32.1, HRS.

(b) The PROVIDER shall establish a quality improvement program that measures, maintains, and improves the effectiveness and efficiency of the Maui EMSIPS and prehospital medical care, and looks at trends and how to improve emergency medical services to correct the number of individual occurrences that impact patient care or system response requirements. The quality improvement program shall meet the minimum requirements of the STATE's EMSS Emergency Ambulance Quality Improvement Program guidelines, approved July, 1993. Confidential quality improvement reports shall be submitted each month to the STATE's Maui EMSMD and the STATE's EMSIPS for review and monitoring of compliance to prehospital medical care guidelines and medical management for the clinical sequence of prehospital quality improvement indicators.

(5) The STATE's Maui EMSMD shall periodically

send the PROVIDER a written confidential quality review memorandum regarding the medical performance of the PROVIDER's employees.

(a) This review shall require action by the PROVIDER followed by a written response to the STATE's Maui EMSMD, within ten (10) working days of receipt.

(B) Each of the PROVIDER's new employees shall meet the requirements of the STATE's existing EMSS MICT/EMT Performance Evaluation Guidelines.

(C) The PROVIDER shall assist the STATE's Maui EMSMD and the STATE's EMSIPS in the review of ambulance report forms or in the investigation of any medical management incident involving the PROVIDER's employees, in accordance with the STATE's EMSIPS quality assurance program.

d. Emergency Vehicles, Supplies and Equipment, and Maintenance.

(1) The PROVIDER shall provide at a minimum, fifteen (15) land surface motor vehicles ("ambulances") of the type specified and in compliance with Chapter 11-72, section 11-72-45. The fifteen (15) ambulances shall be assigned as follows:

(a) One (1) primary ambulance to each of the nine (9) ambulance districts;

(b) Two (2) backup ambulances for the island of Maui, one (1) for the island of Molokai, one (1) for the island of Lanai, and one (1) for the Hana district.

(2) Each primary and backup ambulance shall be approved by the STATE's EMSIPS before being placed in service. Each primary and backup ambulance shall be fully equipped and supplied to provide ALS services pursuant to Chapter 11-72, section 11-72-55.

(3) The PROVIDER may operate used ambulances provided that the diesel engines in these ambulances shall have not more than seven (7) years of use or 200,000 recorded miles, whichever is less, from date first placed in service and provided further that these used ambulances shall be subject to the approval of the STATE's EMSIPS and shall be subject to inspections every 10,000 miles thereafter.

(4) In addition to the equipment required by Chapter 11-72, each primary ambulance shall be equipped with the following items:

- (a) Transport Ventilator,
- (b) Portable Blood Pressure Pulse/Vital Signs Monitor, or the manual equivalents.
- (c) Battery-operated Cardiac Monitor Defibrillator with External Cardiac Pacemaker,
- (d) Pulse Oximeter, and
- (e) End Tidal CO2 Detector (electronic or disposable).

The PROVIDER shall also furnish at its own expense and with the approval of the STATE's Maui EMSMD, any auxiliary equipment required to perform the services herein.

(5) The PROVIDER, at its own expense, shall obtain and maintain a sufficient quantity of BLS and ALS services supplies on each ambulance to promptly replenish the supplies used by the ambulance crew following each emergency call with provisions to rapidly acquire additional supplies in the event of a disaster involving mass casualties.

(6) The PROVIDER, at its own expense, shall be responsible for the complete and proper maintenance of the total fleet of primary and back-up ambulances and auxiliary equipment. This maintenance program shall provide for on-island repair services and parts

availability twenty-four (24) hours a day, seven (7) days a week by licensed mechanics.

(7) The STATE at its own expense, shall provide and maintain portable and mobile radio equipment in each ambulance. All equipment shall be in compliance with STATE-approved dispatch and medical guidelines and all other applicable laws and regulations. The PROVIDER shall bear all costs, if any, for the removal of equipment from ambulances currently in use and installation into ambulances to be used or loss of radios issued to the PROVIDER.

e. Ambulance Services Operations.

(1) At all times during the operation of the ambulances, the crew shall comply with all applicable laws and ordinances governing the operation of ambulances. Within the requirements of such laws and ordinances, the ambulance and crew shall proceed as directed to the scene of the medical emergency in the most expeditious manner.

The PROVIDER shall make every reasonable effort to meet the following response time guidelines at the ninetieth percentile:

| <u>Ambulance District</u> | | <u>Response Time Standard Within Each Response District</u> |
|---------------------------|-------------|-------------------------------------------------------------|
| MedEvac | Rural | (25 minutes) |
| Wailuku | Urban/Rural | (15 minutes) |
| Makawao | Rural | (20 minutes) |
| Kihei | Urban/Rural | (15 minutes) |
| Lahaina | Urban/Rural | (15 minutes) |
| Hana | Rural | (20 minutes) |
| Napili | Rural | (20 minutes) |
| Kula | Rural | (20 minutes) |
| Wailea | Urban/Rural | (15 minutes) |
| Molokai | Rural | (20 minutes) |
| Lanai | Rural | (20 minutes) |

Response time shall be measured from the time the ambulance request is received at the ambulance dispatch center, to the time the ambulance arrives at the scene.

f. Provider's Responsibility.

(1) At no time shall the PROVIDER or its officers, employees, or agents bill or charge any patient or other person or agency other than the STATE for the services performed as specified under this Agreement.

(2) The PROVIDER shall be responsible for the appropriate and professional conduct of its employees. In the event a complaint is lodged against an employee, the PROVIDER shall meet with the STATE's EMSIPS program manager within three (3) days to resolve the issues raised by the complainant. In the event of further disagreement, and within due process, the STATE's decision shall prevail and the PROVIDER may be required to hire a qualified replacement within seven (7) days.

(3) The PROVIDER shall ensure that all equipment necessary to perform ambulance services, as specified, are properly maintained. All equipment, especially defibrillation/monitoring equipment, shall be kept in such condition that they shall be functional when needed.

The PROVIDER shall also maintain a re-supply schedule to ensure that each ambulance is fully equipped with supplies when responding to a call.

(4) The PROVIDER shall provide necessary administrative procedures to maintain its daily operation and to furnish twenty-four (24)-hour ambulance services as specified.

(5) The PROVIDER shall be responsible for replacing equipment either missing, stolen, vandalized, or damaged in any way other than through the normal wear and tear resulting from proper use.

g. Reports. The PROVIDER shall complete ambulance run reports, one (1) for each patient examined, treated, and transported, and one (1) for each ambulance service request which results in the dispatch of an ambulance unit without

patient contact being established, as required by Chapter 11-72, section 11-72-22, and guidelines established by the STATE's Maui EMSMD. Ambulance report forms shall be provided by the STATE.

(1) Monthly reports of services provided under this Agreement shall be submitted to the STATE within fourteen (14) business days after the end of each month, which shall include the total number of calls for prehospital emergency, non-emergency, and inter-facility ambulance services responded to, patients transported, and the total number of calls for patients refusing treatment. These reports shall include monthly summary totals for each ambulance unit and ambulance shift.

h. Data Submission Schedule.

(1) The PROVIDER shall submit the STATE's copy of the ambulance report form to the STATE's EMSIPS, by no later than fifteen (15) days after the end of each month.

(2) The PROVIDER shall photocopy all ambulance report forms and submit them to the STATE's Maui EMSMD on the fifth and twentieth of each month for medical quality improvement review and continuing medical education at the monthly scheduled base station meeting with the PROVIDER's ambulance unit staff.

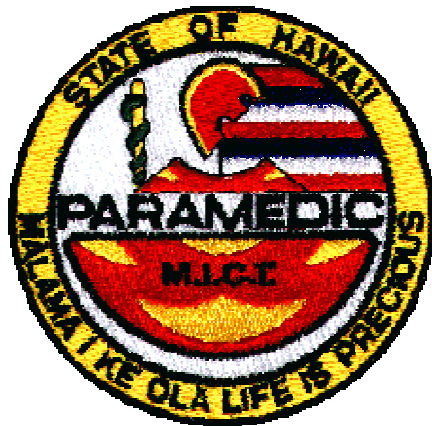
**STATE OF HAWAII
DEPARTMENT OF HEALTH**

**MOBILE INTENSIVE CARE TECHNICIAN
ADULT AND PEDIATRIC
STANDING ORDERS**

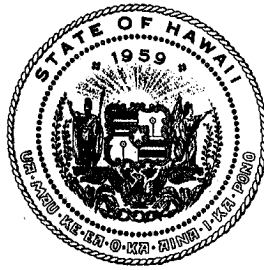
AND

EXTENDED STANDING ORDERS

April, 2004



**DONALD C. FANCHER, M.D.
STATE EMS MEDICAL DIRECTOR
STATE EMERGENCY MEDICAL SERVICES SYSTEM**



STATE OF HAWAII
Department of Health
Emergency Medical Services & Injury Prevention System

Standing Orders Policy For Mobile Intensive Care Technicians Adult & Pediatric Patients

APPROVED:

A handwritten signature in black ink, appearing to read "Donald C. Fancher, M.D.", is written over a horizontal line.

Donald C. Fancher, M.D.
State EMS Medical Director

Date: April, 2004

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Medication List

| | |
|--------------------------------------------|-----------------------------------|
| Activated Charcoal 25Gm | Ipecac Syrup 15cc |
| Adenosine (Adenocard) 6mg/2cc | Lasix (Furosemide) 20mg/2cc |
| Albuterol Inhaler 0.9mg metered dose | Levophed 2mg/4cc |
| Albuterol Sulfate 2.5mg/3cc | Lidocaine 1% 100mg/10cc |
| Amiodarone (Cordarone) 150mg/3cc | Lidocaine 20% 1Gm/5cc |
| Aspirin, Chewable, 81mg | Morphine Sulfate 10mg/10cc |
| Ativan (Lorazepam) | Magnesium Sulfate 1Gm/2cc |
| Atropine 1mg/10cc | Naloxone (Narcan) 0.4mg |
| Atrovent (Ipratropium Bromide) 0.5mg/2.5cc | Nitroglycerine 0.4mg |
| Diphenhydramine (Benadryl) 50mg/1cc | Phenergan (Promethazine) 25mg/2cc |
| Calcium Chloride 1Gm/10cc | Pitocin (Oxytocin) 10U/1cc |
| Compazine 10mg/5cc | Sodium Bicarbonate 50mEq/50cc |
| Dextrose 50% 25Gm/50cc | Succinylcholine 100mg/20cc |
| Dopamine 200mg/5cc | Terbutaline (Brethine) 1mg/1cc |
| Epinephrine 1:1,000 1mg/1cc | Tylenol Elixir 20oz. |
| Epinephrine 1:10,000 1mg/10cc | Valium 10mg/10cc |
| Glucagon 1mg | Versed 5mg/5cc |

If available:

Atropine Auto-Injector 2mg
Sodium Thiosulfate 12.5Gm
Valium Auto-Injector 10mg
2-PAM Chloride Auto-Injector 600mg

Revised 4/2004

**MOBILE INTENSIVE CARE TECHNICIAN
ADULT AND PEDIATRIC STANDING ORDERS
AND EXTENDING STANDING ORDERS**

GENERAL GUIDELINES

These Standing Orders shall allow MICTs to perform the immediately-required procedures and treatments prior to communication with the Base Station Physician. The MICT has the option of following Standing Orders, but is not required to do so, before communicating with the Base Station Physician. However, in situations when the MICT is unable to communicate and the transport time is greater than ten (10) minutes the Extended Standing Orders may be use to treat the patient.

For each patient that requires the use of these standing orders, an adequate history and physical examination must be done which shall include medications, history of allergies to medications, and past medical history. MICTs may, at their discretion, because of how ill a patient appears or because of mechanisms of injury, administer O₂ , apply continuous cardiac monitoring, and establish prophylactic IV access with Saline lock or IV solution at TKO rate even if the circumstances are not covered in the following specific standing orders.

EMTs can initiate intravenous lines and perform manual external defibrillation under the direction and personal supervision of an MICT if the EMT has completed a State-approved IV/Defibrillation course of training.

STANDING ORDERS – ADULT / PEDIATRIC

TRANSFER STANDING ORDER (TSO)

A certified MICT may accept an order to transfer a patient from one medical facility to another if each of the following conditions are met:

1. The order comes from a Hawaii licensed physician, who is treating the patient.
2. The MICT is adequately informed of the patient's diagnosis, condition, medications, allergies, expected course during ambulance transfer, specific Living Will/CCO/DNR status, and any other specific information requested by the MICT for safer transfer.
3. The MICT may use regular Standing Orders during transfer, if necessary and appropriate, and shall communicate with the receiving hospital if he/she does so.

CRITICAL TRAUMA STANDING ORDER (CTSO)

In penetrating injuries to the chest or abdomen and blunt trauma with hypotension the primary treatment is immediate hospital surgical intervention. EMS must expedite transport of these patients to hospitals and trauma centers.

If the scene is within a ten (10) minute transport time to a hospital ED with the above mentioned critical trauma patient(s), the MICT shall:

1. Rapidly extricate and immobilize the patient. Initiate transport.
2. Secure and maintain a clear airway, administer O₂ 10-15 liters/min. If patient airway and effort is unstable consider IMPENDING RESPIRATORY ARREST/AIRWAY PROBLEMS Standing Orders I-F, without delay during transport.
3. Open early MEDICOM communications with the receiving hospital ED.

Addendum 4/2004

STANDING ORDERS – ADULT

I-A CARDIOPULMONARY ARREST
(Absence of Pulse or Blood Pressure)

Initiate CPR and administer 100% by O₂ by assisted mask ventilation as soon as possible. Maintain CPR and assisted ventilation throughout incident until the return of normal spontaneous pulse and/or respiration

Check cardiac monitor rhythm by attaching electrodes or by performing a “Quick Look” using defibrillation paddles.

FOLLOW APPROPRIATE STANDING ORDER

* In the event of a cardiopulmonary arrest where an IV or IO access cannot be obtained and the patient has a pre-existing vascular access device the MICT may utilize the PVAD if he/she has received EMS provider training on accessing the device.

STANDING ORDERS – ADULT

**I-1 PULSELESS VENTRICULAR TACHYCARDIA /
FIBRILLATION**

Defibrillate at 200* joules and check pulse and cardiac monitor. If still in above rhythm:

Defibrillate at 300* joules and check pulse and cardiac monitor. If still in above rhythm:

Defibrillate at 360* joules and check pulse and cardiac monitor. If still in above rhythm:

- Continue CPR
- Establish IV Normal Saline at TKO rate
- Endotracheal Intubation

Epinephrine 1:10,000 1mg IV push or 2mg via endotracheal tube. Repeat every 3-5 minutes

Defibrillate at 360* joules and check pulse and cardiac monitor

Amiodarone 300mg IV push followed with 10cc Normal Saline flush

Defibrillate at 360* joules and check pulse and cardiac monitor

- If conversion occurs following Amiodarone & defibrillation, begin an Amiodarone drip with 150mg mixed into 100cc of Normal Saline and run over a 10 minute period (15mg/min)

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

* If your EKG monitor/defibrillator utilizes Biphasic technology, follow the manufacturer's recommendation when selecting joules setting.

Reviewed 4/2004

EXTENDED STANDING ORDERS – ADULT

**I-1-a CONTINUING PULSELESS VENTRICULAR TACHYCARDIA
/ VENTRICULAR FIBRILLATION**

Lidocaine 1.5mg/kg IV push

Defibrillate at 360* joules and check pulse and cardiac monitor. If in same rhythm:

- If conversion occurs following Lidocaine & defibrillation, begin a Lidocaine drip by administering 1-2mg/min

Defibrillate at 360* joules and check pulse and cardiac monitor. If in same rhythm:

Defibrillate at 360* joules and check pulse and cardiac monitor

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

* If your EKG monitor/defibrillator utilizes Biphasic technology, follow the manufacturer's recommendation when selecting joules setting.

STANDING ORDERS – ADULT

I-2 ASYSTOLE

Establish IV Normal Saline at TKO rate

Epinephrine 1:10,000 1mg IV push or 2mg via endotracheal tube. Repeat every 3-5 minutes

Endotracheal intubation (unless previously able to do simultaneously with above)

Atropine 1mg IV push or 2mg via endotracheal tube. Repeat every 3-5 minutes to a maximum dose of 0.04mg/kg

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

* Consider requesting the use of Sodium Bicarbonate 1mEq/kg IV push

Discontinue cardiopulmonary resuscitation if no return of spontaneous pulse and respirations after twenty (20) minutes

- Notify Police and appropriate county agencies of unattended death

Reviewed 4/2004

STANDING ORDERS – ADULT

I-3 PULSELESS ELECTRICAL ACTIVITY

Establish IV Normal Saline with rapid infusion 300cc (if no evidence of CHF)

Epinephrine 1:10,000 1mg IV push or 2mg via endotracheal tube. Repeat every 3-5 minutes

Atropine 1mg IV push or 2mg via endotracheal tube if Bradycardia <60 bpm. Repeat every 3-5 minutes to maximum of 0.04mg/kg

Endotracheal tube (unless previously able to do simultaneously with the above)

Reassess tube placement for equal breath sounds in both lungs and position of trachea to determine tension pneumothorax

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

* Consider requesting the use of Sodium Bicarbonate 1mEq/kg IV push

Reviewed 4/2004

STANDING ORDERS – ADULT

I-4 RENAL DIALYSIS CARDIAC ARREST

Because a renal dialysis patient in cardiac arrest (of any type) can have profound hyperkalemia, administer these medications as soon as the IV is established per other applicable Standing Orders:

Calcium Chloride 2 Gm IV push

Flush IV line thoroughly*

Sodium Bicarbonate 100 mEq IV push

CONTINUE STANDING ORDERS

* **Note:** Calcium Chloride can precipitate in the presence of Sodium Bicarbonate

Reviewed 4/2004

STANDING ORDERS – ADULT

I-5 DROWNING CARDIOPULMONARY ARREST

Follow Standing Orders of Cardiopulmonary Arrest

Administer second Epinephrine 1:10,000 1mg IV push or 2mg via endotracheal tube every 3-5 minutes. If still pulseless:

Administer Sodium Bicarbonate 1mEq/kg IV push

CONTINUE STANDING ORDERS

Caution: Be aware of possible Hypothermia. Cover the patient with blankets and turn off the air conditioner in the ambulance patient compartment.

Reviewed 4/2004

STANDING ORDERS – ADULT

I-B STABLE VENTRICULAR TACHYCARDIA OR PVC WITH ACUTE MYOCARDIAL ISCHEMIA

Lidocaine may **NOT** be given in 2nd or 3rd degree heart block without the MEDICOM PHYSICIAN'S order.

Administer O₂ at 10-15 liters by mask

Establish IV with Normal Saline at TKO rate

Administer Lidocaine 1.0 – 1.5mg/kg IV bolus over 2-3 minutes

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FUTURE ORDERS

Reviewed 4/2004

EXTENDED STANDING ORDERS – ADULT

**I-C CONTINUING STABLE VENTRICULAR TACHYCARDIA OR
PVC WITH ACUTE MYOCARDIAL ISCHEMIA**

If Lidocaine 1.0 – 1.5mg/kg bolus does not suppress PVCs then:

Repeat Lidocaine 0.5-0.75 mg/kg every 5 – 10 minutes to a maximum of 3mg/kg

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – ADULT

I-D CHEST PAIN

With signs or symptoms indicative of myocardial ischemia:

Administer O₂ at 2-4 liters/minute by nasal cannula or 10-15 liters by non-rebreather mask

If BP \geq 100 systolic AND if serious suspicion of cardiac origin administer Nitroglycerine 0.4mg(1/150 grain) oral spray or tablet. (If BP is less than 100 systolic do not give Nitroglycerine unless MEDICOM physician orders it.) May repeat every 5 minutes if BP is \geq 100 systolic

Administer Aspirin 160mg orally (provided there are no contraindications)

Establish IV with Normal Saline at TKO rate

If systolic BP > 100, **may** give Morphine Sulfate 2mg IV

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

- May repeat Morphine Sulfate 2mg at 3-5 minute intervals up to a total of 10mg or until pain is relieved, which ever comes first

STANDING ORDERS – ADULT

I-E BRADYCARDIA

Sinus Bradycardia, Junctional Rhythm, Idioventricular Rhythm, Atrial Fibrillation with Slow Ventricular Response, Mobitz I, Mobitz II, Complete Heart Block, all with ventricular rate less than 60 beats per minute, with the patient having systolic/palp BP <90 and one or more of these symptoms /signs: chest pain, shortness of breath with or without shocky skin signs (cool, pale, and diaphoretic).

Administer O₂ at 10-15 liters by non-rebreather mask

Apply pacemaker pads. (If the patient is unstable or IV access cannot be achieved or is delayed, then turn on external pacemaker and assure capture.)

Establish IV Normal Saline 1,000cc with large bore catheter.

If systolic BP is still <90 and the patient is still symptomatic:

- Give 300cc bolus Normal Saline IV (if not in CHF)
- Simultaneously give Atropine 0.5 mg IV (may repeat Atropine 0.5 mg every 3-5 minutes to total dose of 0.04 mg/kg).

If systolic BP is still <90 and the patient is still symptomatic after the second dose of Atropine, begin Dopamine drip 5-20mcg/kg per minute via automatic IV infusion pump titrated to systolic/palp BP 100.

NOTE: Communicate with the BSP as soon as possible for sedation if the patient is uncomfortable with the pacing.

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – ADULT

I-F IMPENDING RESPIRATORY ARREST/AIRWAY PROBLEMS

Where pulse exists:

Provide rescue breathing, assisted mask ventilations with 100% O₂ until ready to perform endotracheal intubation

Perform endotracheal or nasotracheal intubation. If unable, continue assisted mask ventilation with 100% O₂ (consider Paralytic-Assisted Tracheal Intubation, Standing Orders I-O)

Establish IV with Normal Saline at TKO rate

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

AIRWAY PROBLEMS

Cricothyrotomy should be performed for:

1. Inability to ventilate a patient with tracheal obstruction after appropriate number of Heimlich maneuvers and unsuccessful assisted ventilation; or
2. Massive facial trauma.

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – ADULT

I-G HYPOVOLEMIC SHOCK

For systolic BP \leq 90mm Hg which is considered to be secondary to hypovolemia:

Administer O₂ at 10-15 liters/minute by mask. If apneic, or if respiratory arrest is impending, perform endotracheal intubation and ventilate with 100% oxygen.

Establish IV with Normal Saline and infuse at a rapid rate

Do not delay transport. Establish second or more IV's with Normal Saline enroute and continue to infuse IV's at a rapid rate until the BP is >90 systolic or until the patient's neck veins start to distend while in the supine position

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Caution: Be aware of possible Hypothermia in patients with large blood loss, large open wounds, or elderly patients. Cover patient with blankets and turn-off the air conditioner in the ambulance patient compartment.

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STANDING ORDERS – ADULT

I-H ANAPHYLACTIC SHOCK/ALLERGIC RESPONSE

BP between 60-90 Systolic:

Administer O₂ at 10-15 liters by mask

Administer Epinephrine 1:1,000 0.3mg **subcutaneously**

Establish IV Normal Saline with 300cc rapid infusion

Administer Diphenhydramine (Benadryl) 50mg IV. If no IV available give 50mg via IM

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

BP < 60 Systolic:

Administer O₂ at 10-15 liters by mask

Establish large bore IV with Normal Saline with 300cc rapid infusion

Administer Epinephrine 1:10,000 IV at 0.1mg increments titrated up to 0.5mg

Administer Diphenhydramine 50mg IV

If no IV access available:

1. Administer Epinephrine 1:1,000 0.3mg IM or if intubated give Epinephrine 1:10,000 0.5mg via endotracheal tube
2. Administer Diphenhydramine 50mg IM

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

STANDING ORDERS – ADULT

I-I ACUTE PULMONARY EDEMA

(Rales both lungs, with absence of fever)

Administer 100% oxygen by assisted mask ventilation

Administer Nitroglycerine 0.4mg (1/150 grain) aerosol spray or tablet if BP \geq 100 systolic. May repeat x 1 after 5 minutes if BP \geq 100 systolic

Establish IV @ TKO rate

Administer Furosemide (Lasix) 40mg IV push if BP \geq 100 systolic

May Administer Morphine Sulfate 2mg IV push if BP \geq 100 systolic

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

EXTENDED STANDING ORDERS – ADULT

I-J SEVERE PULMONARY EDEMA

With dyspnea and cyanosis

Give 3rd Nitroglycerine 0.4mg aerosol (or tablet) if BP \geq 100 systolic

Repeat Morphine Sulfate 2mg IV push if BP \geq 100 systolic. 3-5 minutes later, if no symptom relief:

Give 4th Nitroglycerine 0.4mg aerosol (or tablet) if BP \geq 100 systolic

Repeat Morphine Sulfate 2mg IV push if BP \geq 100 systolic. 3-5 minutes later, if no relief of symptoms:

Administer 5th Nitroglycerine 0.4mg aerosol (or tablet) if BP \geq 100 systolic

Administer Dopamine 2.5 – 20 microgram/kg per minute via automatic IV infusion pump if BP < 100 systolic

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – ADULT

I-K BRONCHOSPASM

High flow oxygen 10-15 liters by mask or assisted bag-valve mask ventilation

1st inhalation updraft treatment with either: (a) Albuterol 2.5mg (if patient has a history of COPD add Atrovent 0.5mg to the updraft) or (b) Terbutaline 2mg

2nd inhalation updraft treatment with Albuterol 2.5mg

If patient with severe bronchospasm requires intubation and mechanical ventilation, and is very hard to ventilate because of severe bronchospasm, give 10cc of 1:10,000 Epinephrine down the endotracheal tube to reduce the bronchospasm

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

EXTENDED STANDING ORDERS – ADULT

I-L CONTINUING BRONCHOSPASM

Continue 100% by mask or assisted mask ventilation

If still in bronchospasm, administer 3rd inhalation updraft with Albuterol 2.5mg

If < 40 years old, no history of COPD (emphysema or bronchitis), no cardiac history (cardiac medication, angina, or MI), severe dyspnea using intercostal muscles and cyanosis unrelieved with 10-15 liters O₂ by mask, administer Normal Saline IV 300cc rapid infusion

Endotracheal intubation if impending respiratory arrest

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

STANDING ORDERS – ADULT

I-M DRUG OVERDOSE

Assess airway

Cardiac monitor

Start IV Normal Saline with 300cc rapid infusion

If patient with altered mental status or coma, use ALTERED MENTAL STATUS
Standing Order I-N

Bring in bottles/containers

**CONTACT MEDICOM PHYSICIAN BEFORE GIVING ANY IPECAC OR
ACTIVATED CHARCOAL**

STANDING ORDERS – ADULT

I-N ALTERED MENTAL STATUS

Check blood glucose

Draw blood sample for blood glucose test

Start IV Normal Saline TKO:

1. Administer Narcan at 0.4mg increments up to 2mg total
2. If blood glucose < 80mg% give 25Gm 50% Dextrose IV

IF CANNOT OBTAIN IV ACCESS:

1. Give Narcan 2mg IM or if intubated give via ET
2. If blood glucose < 80mg% give Glucagon 1mg IM

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

STANDING ORDERS – ADULT

I-O TENSION PNEUMOTHORAX

Administer O₂ 10-15 liters/min via mask or assisted BVM ventilation.

In the event that a patient is hypotensive (BP <90 systolic) with tracheal deviation and/or subcutaneous emphysema, and decreased breath sounds on one side, needle thoracostomy on that side should be performed.

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

NEEDLE THORACOSTOMY TECHNIQUE:

Insert 14g x 2¹/₄ inch needle (with or without catheter) in the second intercostal space just over the top of the third rib in the mid-clavicular line on the side with decreased breath sounds. An alternate site to consider for needle thoracostomy: Mid-axillary line 4th or 5th intercostal space. Remove needle when relieved and repeat procedure prn. For long transports > 20 minutes, leave catheter in place and attach 3-way Stopcock to relieve pressure as needed.

STANDING ORDERS – ADULT

I-P EMERGENCY DELIVERY

Administer O₂ 10-15 liters/min via mask to mother, and start IV Normal Saline TKO

For difficult (Breech, Shoulder Dystocia, etc.) **COMMUNICATE STAT** with MEDICOM Base Station Physician (Oahu MICT's: Contact Kapiolani)

Don't allow baby's head to "pop" out

Feel for cord wrapped around neck and, if present, lift it gently over the head. If cord is too tight to lift over head, double clamp cord and cut it between the clamps

Suction baby's mouth, then nostrils, as soon as head appears

Mother:

- (a) Apply firm rubbing pressure to low mid-abdomen
- (b) If excessive hemorrhage or shock, follow HYPOVOLEMIC SHOCK Standing Order I-G

Baby:

- (a) Follow NEWBORN RESUSCITATION Standing Order II-J

COMMUNICATE WITH MEDICOM BASE STATION PHYSICIAN FOR FURTHER ORDERS

STANDING ORDERS – ADULT

I-Q STATUS EPILEPTICUS
(Continuous Seizures)

Administer O₂ 10-15 liters/min by mask or assisted BVM ventilation.

Establish IV Normal Saline at TKO rate

Do blood glucose test and follow ALTERED MENTAL STATUS Standing Order I-N as needed

If seizure has lasted more than 5 minutes since it began, administer *Valium 5mg IV slow push. If seizure continues more than 2 minutes following the first Valium 5mg dose IV, administer a second dose of Valium 5mg IV slow push

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

* Ativan (Lorazepam) may be substituted for Valium in the following manner:
Administer Ativan in 1mg increments until seizure activity is controlled or a total of 10mg is given. May repeat, if necessary in 10-15 minutes

EXTENDED STANDING ORDERS – ADULT

I-R STATUS EPILEPTICUS
(Continuous Seizures)

If seizure continues more than 5 minutes after the 2nd Valium IV dose, administer additional Valium IV slow push titrate to control seizure activity up to a total of 20mg IV or 40mg given rectally.

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – ADULT

I-S PARALYTIC-ASSISTED TRACHEAL INTUBATION**PREPARATION:**

1. Hyperventilation/preoxygenate as appropriate
2. Assure suction is available and setup
3. Establish a large bore IV and secure
4. Place cardiac monitor and pulse oximeter on patient
5. Ready endotracheal equipment and supplies
6. Setup alternate airway adjuncts:
 - a. Combitube
 - b. Bag-Valve-Mask (if maxilla and mandible stable)
 - c. Cricothyrotomy device
7. Restrain as appropriate

MEDICATION PROTOCOL:

- 3:00 min Preoxygenate
- 2:00 min Lidocaine (1.5 mg/kg) if head injury or CVA
- 1:30 min If awake administer Versed 0.03mg/kg and may repeat same dosage in increments as needed to a maximum total dose of 0.1mg/kg

Versed “Quick-Look” Incremental Dose (0.03mg/kg)

| | |
|-------------|--------|
| 40-50 kg: | 1.5 mg |
| 60-70 kg: | 2 mg |
| 80-90 kg: | 2.5 mg |
| 100-110 kg: | 3 mg |

- 1:00 min Sellick maneuver
- 0:45 min Succinylcholine IV (1.5 mg/kg) **NOTE:** If unable to establish IV, give double the IV dose intramuscularly
- 0:00 min Intubate and assess ET tube placement
- +0:30 min Secure ET tube position and reassess tube placement
- +1:00 min Administer Atropine 0.01 mg/kg if Bradycardic and BP <100 systolic
- +1:30 min Administer Versed as above if not already given and may titrate remaining doses to total of 0.1mg/kg for continued patient sedation

STANDING ORDERS – ADULT

***Continued:* PARALYTIC-ASSISTED TRACHEAL INTUBATION**

If relaxation is inadequate after 1-2 minutes, repeat same dose of Succinylcholine and re-attempt ET intubation.

If unable to intubate the paralyzed patient, insert Combitube.

If still unable to secure the patient's airway, perform cricothyrotomy.

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

IMPORTANT:

The proper sequential administration of the PATI medications is critical to the success of this procedure and the care of the patient. All cases where there is a variation from this protocol will mandate a QI review by the EMS provider.

STANDING ORDERS – ADULT

I-T SEVERE VOMITING

Administer O₂ at 2-4 liters/minute by nasal cannula

Cardiac Monitor

Establish IV Normal Saline at TKO rate

Administer *Compazine in 2.5mg increments slow IV push until vomiting is controlled or up to a total maximum dosage of 7.5mg

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

* Phenergan (Promethazine) may be substituted for Compazine in the following manner:
Administer Phenergan in 12.5mg increments slow IV push until vomiting is controlled or up to a total maximum dosage of 25mg

Note: Treatment contraindicated in patients < 2 years of age, altered mental status, pregnancy and allergy/hypersensitivity to Compazine

Reviewed 4/2004

STANDING ORDERS – ADULT

I-U CYANIDE EXPOSURE

For MICTs/EMTs or public safety responders determined to have a high likelihood of significant cyanide exposure.

Administer O₂ at 10-15 liters by non-rebreather mask or assisted BVM ventilation

Cardiac Monitor

Establish IV Normal Saline at TKO rate

If available: Administer Sodium Thiosulfate 12.5grams (50ml) IV

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Note: Nitrate therapy (such as amyl nitrite or sodium nitrite found in the CN Treatment Kits) is not helpful. Do not use them

STANDING ORDERS – ADULT

I-V NERVE AGENT EXPOSURE

In the event of a known or suspected exposure to nerve agents (Sx of pinpoint pupils, runny nose, shortness of breath) in EMS personnel or other public safety responders

If available: Immediately administer Auto-Injector Atropine 2mg

If available: Administer Auto-Injector 2-PAM Chloride 600mg

If signs of exposure persist or reoccur: Repeat above Auto-Injection treatment up to 3 doses of each

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

NERVE AGENT EXPOSURE WITH SEIZURES

In the above nerve agent patient with focal or generalized seizure

If available: Immediately administer Auto-Injector Valium 10mg

May repeat Valium 10mg x 2 for a total of 30mg for continued seizures

Support airway and ventilation as needed

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

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SECTION II

***PEDIATRIC STANDING ORDERS**

INTRODUCTION

Respiratory failure is the most common cause of cardiac arrest in pediatric patients. Oxygen should be administered by high concentration partial rebreather oxygen mask at high flow rates to any serious patient. The adequacy of oxygenation and ventilation must be constantly re-evaluated. If endotracheal intubation is indicated, it should be performed prior to intravenous (IV) or intraosseous (IO) attempt. The Broselow tape should be used to pick the correct endotracheal tube size. Initial resuscitation medications can be administered via the endotracheal tube. Medications given by endotracheal tube which have a volume of less than 2cc should either be mixed with Normal Saline to increased the volume or followed by 1–2cc of Normal Saline. Do not delay transport attempting to initiate an IV or IO. If a line is established, it is desirable to administer medication directly into the circulation even if they have already been given via the endotracheal tube. Pediatric Standing Orders allow intraosseous line placement for pulseless ventricular fibrillation, ventricular tachycardia, asystole, and pulseless electrical activity. For all other conditions, an attempt to communicate with the Base Station Physician should be made first.

Critical pediatric patients may have unsuspected hypoglycemia. Check blood glucose early in resuscitation.

**** As defined in the Base Station Manual as a patient less than 13 years old***

Reviewed 4/2004

STANDING ORDERS – PEDIATRIC

II-A CARDIOPULMONARY ARREST

(Absence of Pulse or Blood Pressure)

Initiate CPR and administer 100% O₂ by assisted mask ventilations as soon as possible. Maintain CPR and assisted ventilation throughout incident until the return of normal spontaneous pulse and/or respiration

Check cardiac monitor rhythm by attaching electrodes or by performing a “Quick Look” using defibrillation paddles

FOLLOW APPROPRIATE STANDING ORDERS

STANDING ORDERS – PEDIATRIC

**II-1 PULSELESS VENTRICULAR TACHYCARDIA /
FIBRILLATION**

Defibrillate 2 joules/kg and check pulse and cardiac monitor. If in same rhythm:

Defibrillate 4 joules/kg and check pulse and cardiac monitor. If in same rhythm:

Defibrillate 4 joules/kg and check pulse and cardiac monitor. If in same rhythm:

- Continue CPR
- Establish IV Normal Saline followed with fluid bolus of 20cc/kg. If unable to start IV, perform intraosseous in one leg only
- Endotracheal Intubation

Epinephrine 1:10,000 0.01mg/kg IV or IO (or 1:1,000 0.1mg/kg via endotracheal tube)

Defibrillate (4 joules/kg) and check pulse and cardiac monitor. If in same rhythm:

Lidocaine 1mg/kg IV or via ET-tube

Defibrillate (4 joules/kg)

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

EXTENDED STANDING ORDERS – PEDIATRIC

**II-1-a CONTINUING PULSELESS VENTRICULAR
TACHYCARDIA / FIBRILLATION**

Repeat Epinephrine; increase dose to 0.1mg/kg IV, IO, or ET every 3-5 minutes. (Use Epinephrine 1:1,000 dilution if available)

Defibrillate 4 joules/kg and check pulse and cardiac monitor. If in same rhythm:

Repeat Lidocaine 1mg/kg IV, IO, or ET

Defibrillate 4 joules/kg and check pulse and cardiac monitor. If in same rhythm:

Defibrillate 4 joules/kg and check pulse and cardiac monitor. If in same rhythm:

Defibrillate 4 joules/kg and check pulse and cardiac monitor. If in same rhythm:

2nd IV bolus Normal Saline 20cc/kg

Defibrillate 4 joules/kg

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

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STANDING ORDERS – PEDIATRIC

II-2 ASYSTOLE

Endotracheal Intubation

Establish IV with Normal Saline followed by a fluid bolus of 20cc/kg

If unable to start IV, perform intraosseous access in one leg only

Epinephrine 1:10,000 0.01mg/kg IV or IO (or 0.1mg/kg 1:1,000 via endotracheal tube). After initial dose administer Epinephrine 1:1,000 0.1mg/kg via IV, IO or ET repeat every 3-5 minutes

Repeat Epinephrine; increase dose to 0.1mg/kg IV, IO, or ET every 3-5 minutes. (Use Epinephrine 1:1,000 dilution if available)

Atropine 0.02mg/kg IV or endotracheal tube every 5 minutes (minimum dose 0.1mg, total maximum dose 1.0mg in small child, otherwise 2mg)

Repeat bolus Normal Saline 20cc/kg

Sodium bicarbonate 0.5mEq/kg diluted 1:1 with Normal Saline every 10 minutes

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – PEDIATRIC

II-3 PULSELESS ELECTRICAL ACTIVITY

Endotracheal Intubation

Establish IV with Normal Saline followed with a fluid bolus of 20cc/kg

If unable to start IV, perform intraosseous access in one leg only

Epinephrine 1:10,000 0.01mg/kg IV or IO (or 0.1mg/kg 1:1,000 via endotracheal tube).

If no response: Administer 2nd Normal Saline bolus

Repeat Epinephrine 1:10,000 0.01mg/kg IV or IO (or 0.1mg/kg 1:1,000 via endotracheal tube).

Assess for possible pneumothorax

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

EXTENDED STANDING ORDERS – PEDIATRIC

II-3-a CONTINUING PULSELESS ELECTRICAL ACTIVITY

Repeat Epinephrine, increase dose to 0.1mg/kg IV, IO, or ET every 3-5 minutes, (Use Epinephrine 1:1,000 dilution if available)

Repeat Normal Saline IV bolus 20cc/kg

Administer Sodium Bicarbonate 0.5mEq/kg every 10 minutes (dilute 1:1 with Normal Saline)

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – PEDIATRIC

II-4 DROWNING CARDIOPULMONARY ARREST

Because drowning cardiac arrest patients can be considerably acidotic, if there is no pulse after 2 doses of Epinephrine they should be given Sodium Bicarbonate.

Follow Standing Orders for Cardiopulmonary Arrest

Administer second dose Epinephrine 0.1mg/kg IV, IO or ET. Repeat every 3-5 minutes

Administer Sodium Bicarbonate 0.5mEq/kg IV, diluted 1:1 with Normal Saline

CONTINUE STANDING ORDERS

Caution: Be aware of possible Hypothermia. Cover the patient with blankets and turn off the air conditioner in the ambulance patient compartment.

Reviewed 4/2004

STANDING ORDERS – PEDIATRIC

II-B PVC PATTERNS OR VENTRICULAR TACHYCARDIA WITH PERFUSION/PULSE

R on T, Bigeminy, Multiform, Coupled or More Than 5/minute

Lidocaine may **NOT** be given in 2nd or 3rd degree heart block without MEDICOM PHYSICIAN'S order.

Establish IV with Normal Saline at TKO rate

Administer Lidocaine 1mg/kg IV bolus

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

STANDING ORDERS – PEDIATRIC

II-C BRADYCARDIA

≤ 60 beats/minute (≤ 80 beats/minutes if less than one (1) year of age)
with poor perfusion

Assist ventilation as virtually all bradycardia in children is secondary to anoxia. If no response to 100% mask ventilations:

Endotracheal Intubation

If **poor perfusion**, initiate CPR

Establish IV with Normal Saline followed with a fluid bolus of 20cc/kg

Epinephrine 1:10,000 0.01mg/kg IV (or 0.1mg/kg 1:1,000 via endotracheal tube)

Atropine 0.02mg/kg IV push or via endotracheal tube (minimum dose 0.1mg, maximum single dose 0.5mg for child or 1mg for adolescent)

If not monitoring patient through pacemaker pads, apply pads only. Do not turn on external pacer until ordered by MEDICOM Physician

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – PEDIATRIC

II-D IMPENDING RESPIRATORY FAILURE WITH A PULSE

Where Pulse Exists:

Provide rescue breathing, mask ventilation with 100% O₂

Perform Endotracheal Intubation. If unable to intubate, continue assisted mask ventilation with 100% O₂

Establish IV with Normal Saline at TKO rate

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – PEDIATRIC

II-E HYPOVOLEMIC SHOCK

If the patient exhibits signs of shock considered to be secondary to hypovolemia:

Establish IV with Normal Saline. If unable to start IV, start IO. Infuse Normal Saline 20cc/kg as an initial fluid bolus

Administer 100% oxygen via mask or endotracheal tube

Do not delay transport, while enroute:

- 1) Infuse 2nd Normal Saline 20cc/kg fluid bolus
- 2) Establish 2nd IV.

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Caution: Be aware of possible hypothermia in patients with large blood loss or large open wounds. Cover patient with blankets and turn-off the air conditioner in the ambulance patient compartment.

STANDING ORDERS – PEDIATRIC

II-F SEVERE ALLERGIC REACTION / ANAPHYLACTIC SHOCK

Respiratory Distress Without Shock:

Administer O2 by mask

Give Epinephrine 1:1,000 0.01mg/kg **Sub-Q** (maximum dose 0.3mg)

Start IV with Normal Saline, TKO rate

Give Benadryl 2mg/kg up to 50mg IV slowly

If signs & symptoms continue, repeat Epinephrine 1:1,000 0.01mg/kg **Sub-Q** (maximum dose 0.3mg)

If patient is wheezing, refer to BRONCHOSPASM Standing Order II-G

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Anaphylactic Shock:

Administer O2 by mask

Give Epinephrine 1:1,000 0.01mg/kg **IM** (maximum dose 0.3mg)

Start IV with Normal Saline followed with a fluid bolus of 20cc/kg

Give Benadryl 2mg/kg up to 50mg IV slowly

If patient is wheezing, refer to BRONCHOSPASM Standing Order II-G

If signs & symptoms continue:

- 1) Repeat 2nd Epinephrine 1:1,000 0.01mg/kg **IM** (maximum dose 0.3mg) or communicate for Epinephrine IV
- 2) Repeat Normal Saline IV bolus 20 cc/kg

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – PEDIATRIC

II-G BRONCHOSPASM

Respiratory distress with wheezing not involving foreign body

Administer O₂ at 10-15 liters by high concentration mask

If in severe respiratory distress, administer 0.01 mg/kg Epinephrine 1:1,000 Sub-Q (up to 0.3mg maximum)

1st inhalation updraft treatment with Albuterol 2.5mg via nebulizer. If initially in severe bronchospasm or impending respiratory arrest, increase updraft treatment to Albuterol 5mg plus Atrovent 0.5mg via nebulizer

2nd inhalation updraft treatment with Albuterol 2.5mg plus Atrovent 0.5mg (if Atrovent not already given) via nebulizer

If patient with severe bronchospasm requires intubation and is very hard to ventilate because of severe bronchospasm, administer Epinephrine 1:10,000 0.01mg/kg down the endotracheal tube to reduce the bronchospasm

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

STANDING ORDERS – PEDIATRIC

II-H DRUG OVERDOSE

Assess airway

Apply Cardiac monitor

Start IV Normal Saline at TKO rate

In patients with no gag reflex, transport in left lateral decubitus position and be prepared to suction or intubate the airway if necessary. Use IMPENDING RESPIRATORY FAILURE WITH PULSE Standing Order II-D

Bring in bottles / containers

CONTACT THE MEDICOM PHYSICIAN BEFORE GIVING ANY IPECAC OR ACTIVATED CHARCOAL

Reviewed 4/2004

STANDING ORDERS – PEDIATRIC

II-I HYPOGLYCEMIA / INSULIN REACTION

Check Dexstix

Draw blood sample for blood glucose test

Start IV with Normal Saline at TKO

If Glucose reading $\leq 80\text{mg}\%$ (or $\leq 40\text{mg}\%$ in newborn), administer Glucose 0.5 grams/kg (or 1cc/kg of 50% Dextrose Solution) IV. For infants and children $<30\text{kg}$, mix with equal volume of Normal Saline.

IF CANNOT OBTAIN IV ACCESS and if Dexstix $\leq 80\text{mg}\%$ (or $\leq 40\text{mg}\%$ in newborn), give Glucagon 1mg IM (0.5mg IM if less than one year of age)

Recheck blood glucose

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

Reviewed 4/2004

STANDING ORDERS – PEDIATRIC

II-J NEWBORN RESUSCITATION

(If heart rate is less than 100/min, with poor respirations and noted to be cyanotic and limp)

Mask positive pressure 20 breaths in 30 seconds with 100% O₂

If heart rate < 80, intubate with 3.0 ET tube (2.5 ET if premature), and ventilate 40-60 breaths/minute

If heart rate is still < 80, begin cardiac compressions at rate of 120/minute, and give:

Epinephrine 1:10,000 0.5cc (0.05mg) via ET (diluted with 1.0cc Normal Saline)

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

STANDING ORDERS – PEDIATRIC

II-K STATUS EPILEPTICUS
(Continuous Seizures)

Administer O₂ by mask or assisted BVM ventilation

Do blood glucose test and follow HYPOGLYCEMIA / INSULIN REACTION Standing Order II-I

Establish IV with Normal Saline at TKO rate

If seizure has lasted more than 5 minutes since it began and is generalized, administer
*Valium 0.1mg/kg slow IV push up to 2mg per dose

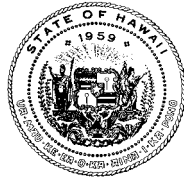
If IV not quickly established, administer Valium 0.5mg/kg rectally up to 20mg maximum

Monitor respiratory status and support as needed (avoid overzealous intubation if adequate oxygenation is present)

COMMUNICATE WITH MEDICOM PHYSICIAN FOR FURTHER ORDERS

* Ativan (Lorazepam) IV may be substituted for Valium in the following manner:
Administer Ativan 0.05mg/kg slow IV push in 0.5mg increments until seizure activity is controlled

Reviewed 4/2004



STATE OF HAWAII
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES & INJURY PREVENTION SYSTEM
3627 KILAUEA AVENUE, ROOM 102
HONOLULU, HAWAII 96816-2317
PHONE: (808) 733-9210
FAX: (808) 733-8332

In reply, please refer to :

EMS 04-

June 24, 2004

TO: EMS Field Personnel
EMS Providers
EMS Medical Directors
EMS Training Centers
Hospital Emergency Department Directors & Coordinators

FROM: Donald C. Fancher, M.D.
State EMS Medical Director

THROUGH: Donna Maiava, Chief
Emergency Medical Services & Injury Prevention System Branch

SUBJECT: 2004 Standing Orders

It has been brought to my attention that the 2004 Standing Orders for the treatment of Pulseless Ventricular Tachycardia/Fibrillation on page 5, Section I-1, the 9th paragraph is in error.

In order to eliminate any confusion or misunderstanding I have decided that this particular paragraph (page 5, Section I-1, 9th paragraph) will be eliminate upon receipt of this memo. Further definitive treatment for patients in this condition shall be through the direction of the communicating base station physician.

If you have any questions regarding this directive, please contact Donna Maiava or Clay Chan at 733-9210.